

**BEST AVAILABLE COPY**

**CLAIMS ONLY**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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6	1					
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TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	12		←	←	←	←
TOTAL CLAIMS	15					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS